

**DETERMINANTS OF JOB SATISFACTION AMONG NURSES AT THE
MUHIMBILI NATIONAL HOSPITAL**

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CERTIFICATION

I the undersigned certify that I have read the dissertation entitled “Determinants of Job Satisfaction Among Nurses at the Muhimbili National Hospital” and found it to be in a form acceptable for examination.

.....

Dr Proches Ngatuni

(Supervisor)

.....

Date

DECLARATION

I, **Sabria Suleiman Mbarouk Rashid** declare that this dissertation is my own original work, and that it has not been submitted for a similar degree in any other University.

.....

Signature

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ABSTRACT

This dissertation reports results of a study that was carried to assess the level and determinants of job satisfaction among nurses at the Muhimbili National Hospital by using Herzberg's job motivators and hygiene factors. Determinants selected for the study were socio-demographic characteristics such as sex, gender, marital status, work experience and level of education. A sample of 286 nurses was conveniently drawn from a population of 683 nurses at the hospital. Data was collected through a structured questionnaire. Independent two-sample t-test and one way ANOVA statistical techniques were used in the analysis. The results reveal that about half of the nurses at MNH are satisfied with their job. Of the hygiene factors job independence, supervision independence, co-workers relationship and working conditions ranked higher; while from the motivators job authority, job security and job responsibility ranked higher. The results also report statistically significant differences in the job satisfaction scores between age and marital status as well as among the work experience categories. No significant differences in job satisfaction were found between gender and level of education categories. It is recommended that management should ensure further improvement in the working environment and have human resource policies that foster job authority, job independence, good working relationship, clear responsibility and job security. On the job training as well as mentorship programmes are highly encouraged. Life skills that would encourage family life are also welcome.

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LIST OF ABBREVIATIONS

HCW	Health Care Workers
MNH	Muhimbili National Hospital
MUHAS	Muhimbili University of Health and Allied Science
MUCHS	Muhimbili University College of Health Sciences
SPSS	Statistical Package for Social Sciences
MSQ-SF	Minnesota Satisfaction Questionnaire-Short Form

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background to the study

Healthcare professionals are a very important part of the healthcare system, and its shortage creates lots of problems. The shortages may even cause patients to receive sub-standard care or to even be placed in danger. These shortages also create an environment that is not conducive to retaining the most qualified and experienced healthcare professionals.

In view of advancements in medical technology and the demand for more sophisticated patient care, more skilled workforce is currently needed, and hence job satisfaction among healthcare professionals is increasingly being recognized as a measure that should be included in quality improvement programs (European Commission, 2002). Low job satisfaction can result in increased staff turnover and absenteeism, which affects the efficiency of health services. Job satisfaction influences the quality of health care services.

It is thus unlikely that optimal medical care can be delivered by unhappy and maladapted health care providers (European Commission, 2002). Nurses comprise the major component of all health care employees, being on the front line and having the most frequent direct contact with clients. Their job performances, affected by job satisfaction, have a great impact on the organizational success. Thus, it is important that organizations understand whether its workforce is satisfied with their jobs or not. This is because, knowing this in advance and above all understanding factors that

determine the level of satisfaction in advance, gives management a rare opportunity to address those concerns and rectify any potential dissatisfaction.

Previous studies have looked at the factors that influence the level of job satisfaction. For example, Herzberg (1990) suggests a motivation-hygiene theory in which two categories of factors are identified. First are the motivational factors, which include promotional and personal growth opportunities, responsibility, achievement and recognition.

These are factors that are intrinsically rewarding to the individual. Secondly, there are hygiene factors, which include pay, physical working conditions, job security, company policies, quality of supervision and relationship with others. These are considered to be extrinsic factors that lead to job satisfaction. Other factors contributing to high levels of employee satisfaction have been identified as: supportive colleagues, supportive working conditions, mentally challenging work and equitable rewards (Herzberg, 1990).

Some other studies have shown that both hygiene and motivation factors have a likewise effect on job satisfaction (Trevor, *et al.* 2008), while some have shown that it is only hygiene that is significantly related to job satisfaction, while motivation is not (Rubin, 2009). Moreover, studies done among nurses have shown that best patient care is provided by nurses who are satisfied with their job, and those not satisfied tend to have performances that lead to a decrease in productivity, efficiency and quality of care, and hence raise unwanted costs (Lichtenstein, 2008; Simoens, *et al.* 2007)

Yet some other studies have associated job satisfaction with demographic factors. For example, Shaha, et al. (2001) associates young age with less satisfaction whereas some other studies like Mottaz (1998) and Bohloko (1999) report the opposite. Also, while job satisfaction has been reported to be significantly correlated with increased professional working experience in some studies (Benton, 1991; Oshagbemi, 2003; Shaha, 2001; Green, 2000), it has been shown to have no correlation with working experience in some others.

Likewise, a study on motivation among healthcare workers done by Leshabari et al., (2008) in Muhimbili National Hospital (MNH) of Tanzania revealed that among the contributing factors to reduced motivation were low salary levels, the frequent unavailability of necessary equipment and consumables to ensure proper patient care, inadequate performance evaluation and feedback, poor communication channels in the different organizational units and between workers and management, lack of participation in decision-making processes, and a general lack of concern for workers' welfare by the hospital management.

The history of the current MNH located in Dar es Salaam city, Tanzania, goes way back to 1897 when an Indian businessman established what came to be known as Sewa Haji Hospital (Mwangu et al., 2008). Later on when the British came in as new rulers after the Germans, the hospital was renamed Princess Margareth Hospital. It was a few years after independence in 1961 that the name of the Hospital was changed to Muhimbili Hospital with one of its Ward blocks retaining the name of Sewa Haji in memory of the founder of the hospital. Muhondwa et al., (2008) cited

that MNH is the largest of four referral hospitals in Tanzania. It is positioned to serve patients from different parts of the country and is, in effect, the apex of the public health service hierarchy in Tanzania (Muhondwa, *et al.* 2008). MNH is the national, tertiary level referral hospital, and recently the role as a Super-specialised national hospital has been emphasized. Consequently, the hospital has the highest number of highly qualified health services personnel, who provide the widest range of services, and is equipped to provide the highest quality services in the country. Until very recently, it has been the only site that has provided training for medical and health professionals, including a wide range of allied health personnel. Job satisfaction issues among workers at the MNH have been transposed to the Tanzanian health system as a whole, in both rural and urban areas (Leshabari, *et al.* 2008). Since this is the National hospital with all above characteristics it can be appreciated that workers satisfaction is a very important aspect to consider for the best outcomes.

Over the last decade the country has experienced a number of socio-economic changes that have impacted the delivery of requisite care at the MNH. The role of MNH as the national tertiary referral hospital has been further ascertained by separating it from the Muhimbili University College of Health and Allied Sciences (MUCHS). The Government has made significant financial inputs. Buildings have been renovated, and new equipment has been bought. However, job satisfaction among the Health care workers (HCW) appears to be wanting as evidenced by recent reports of several episodes of strikes among MNH workers. Most of the time it can be appreciated that, when a strike happens among workers it can signify dissatisfaction.

1.2 Statement of the Problem

Job satisfaction is currently considered to be a measure that should be included in quality improvement programs. In health care organizations, it is very essential to determine factors associated with job satisfaction since this will ensure the provision of quality of care, as well as organizational efficiency, and effectiveness. Additionally, job satisfaction ensures the sustainability of health care professionals in the health care systems.

Dissatisfied health care providers are more likely to be inefficient and to provide poor quality care, and sometimes may react irrationally. All these will lead to unnecessary costs (European Commission, 2002). The recent trend of strikes among HCW, including at the MNH, calls for an assessment of job satisfaction among HCW. Striking is known to be one of the ways that employees deploy to demonstrate their dissatisfaction with their working environment. However, striking in health care provision is the worst thing to happen as it causes disastrous outcomes. Thus there is a need to recognize the determinants of job satisfaction in our health care workers so as to avoid such occurrences in the future.

A number of studies done in different parts of the world, on job satisfaction have focused on the general aspects of job satisfaction and motivation and not on actual determinants of job satisfaction (Leshabari, 2008; Pyrrhech; 2012; Boshigari 2009). Literature is particularly scant on determinants of job satisfaction among health care workers in Tanzanian public hospitals, and particularly the MNH. While the study done by Leshabari (2008). Focused on motivation and factors associated with low

motivation, this study addressed the issue of level of job satisfaction among HCW, as well as the determinants of the different degrees of job satisfaction among health care workers.

This study particularly focused on nurses, a health cadre that is much closer to patients. It is therefore important that factors that influence their level of job satisfaction are documented to form a reference point for arguing for better treatment. Better handling of nurses has an immense impact on their level of satisfaction which in turn contribute to job performance and quality of health care.

Job satisfaction has an impact on the practicing of health care workers in a way that influences efficiency, productivity and quality of delivered care. Therefore this study investigated on the degree and determinants of job satisfaction and provide information that would be used to overcome dissatisfaction and hence improving the quality care delivery. This is especially important in the MNH since it is the national referral tertiary hospital, and is also the teaching hospital for the largest medical University (MUHAS).

1.3 Objectives of the Study

The main and specific objectives of the study are mentioned below:

1.3.1 Main Objectives of the Study

The main objective of this study is to identify determinants of job satisfaction among nurses at the Muhimbili National Hospital.

1.3.2 Specific Objectives

- i. To describe nurses' socio-demographic characteristics such as age, working experience, marital status, gender, and level of education.
- ii. To determine the level of job satisfaction among nurses at MNH
- iii. To determine whether the level of job satisfaction of nurses is related to their socio-demographic factors such as age, working experience, marital status, gender and level of education

1.4 Research Questions

- i. What are the socio-demographic factors of nurses?
- ii. What is the level of job satisfaction among nurses at MNH?
- iii. Is the level of job satisfaction in nurses related to their socio demographic characteristics such as age, working experience, marital status, gender and level of education?

1.5 Significance of the Study

The findings of this study provide insights on the level and determinants of job satisfaction among nurses at the MNH. Healthcare practitioners are expected to benefit from the findings by understanding of determinants of job satisfaction among health care workers in Tanzania's public hospitals. The study has made a contribution to literature on issues related to the determinants of job satisfaction among health care workers in Tanzania. Moreover, the findings of this study have significance to the world of the academia, extension of knowledge frontiers and to policy makers.

The study would benefit policy makers, non-governmental organizations, civil society organizations and community based organizations in policy-making process and advocacy for the benefits of all stakeholders of health sector. The results may also be of use in debates related to recruitment and selection, training and development as well as to remuneration and compensation of nurses.

But more importantly is that the results indicate some key determinants of job satisfaction at MNH, which if tackled early enough would prevent events associated to job dissatisfaction from happening. This implies therefore performance of nurses would be improved significantly and eventually the quality of patient care would be greatly enhanced.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of related literature. It is organized into sections dealing with conceptual definitions, review of theoretical literature, review of empirical literature, and the identified research gap.

2.2 Conceptual Definitions

2.2.1 Job satisfaction

Job satisfaction is the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs. From literature discussed below it can be appreciated that job satisfaction has various sources. These include individual's characteristics, intrinsic characteristics and extrinsic characteristics. Individual social-demographic characteristics include age, gender, level of education marital status and professional working experience.

Intrinsic characteristics include those factors related to the job such as authority, policy, procedures, security, recognition, responsibility, supervision and variety. Extrinsic characteristics are those provided by external forces. These include the following; ability of utilization, achievement, compensation, coworker's relation, independence, activity, moral value, social status, working condition, advancement and social service.

2.2.1.1 Individual's Characteristics

a) Age

The relationship between age and job satisfaction is variably reported. Some studies show that older people are more satisfied than the younger ones (Mottaz, 1998; Bohloko, 1999; Neezam, 2005; Al-Juhani, 2006) while other studies report the opposite (Shaha, 2001). Studies conducted in South Africa and Kuwait among health professionals revealed that nurses above age forty were significantly more satisfied on their job than their younger colleagues (Neezam, 2005; Shaha, et al, 2001). In contrary, a study conducted in Taiwan showed that there was no linear relationship between age and nurses' job satisfaction (Kuo, and Chen, 2004). Few other studies have shown that older workers were more satisfied with their jobs than younger ones (Mottaz, 1998; Bohloko, 1999), However Benton and Halloran concluded that young workers were more satisfied with their job than older ones (Benton, et al. 1991).

b) Gender

Generally females have been found to be more satisfied compared to males in their jobs, (Hodson, 1989; Chambers, 1989). However, others have shown that gender has no impact (Dervaney and Chen, 2003).

c) Work experience

Working experience has been found to be significantly correlated with job satisfaction in some studies (Oshagbemi, 2003; Al-Ahmad, 2002). However Green found no such correlation (Green, 2000). Additionally Al-Ahmad also reported no significant association between job satisfaction and gender, age, income, marital

status and the level of education. Kreitner et al. (1999), Shaha (2001), and Oshagbemi, (2003) have found that job satisfaction was significantly correlated with increased professional working experience.

d) Marital Status and Job Satisfaction

Kuo et.al, and Jamal et.al, reported that married employees experienced higher levels of job satisfaction in comparison to that of single employees (Kuo, 2004; Jamal and Baba, 1992). However Neezam Luddy has found that there was no significant relationship between marital status and job satisfaction amongst employees working at a Public health institution in the western Cape Town (Neezam 2005).

2.2.1.2 Intrinsic (Motivational) and Extrinsic (Hygiene) Factors

A lot of studies on motivational and hygiene factors and the way they relate to job satisfaction have been conducted, with some supporting the link, while others being not in favor. In one study done by Pietersen, (2005) it was found that all participants were dissatisfied by extrinsic factors, but some showed satisfaction with intrinsic factors like job itself, promotion at working place and patience care. Another study showed that 86% of factors related to job satisfaction were motivators, and that hygiene factors were 72% of all the factors that contributed to dissatisfaction about their work, (Abushaikha, and Saca, (2009).

Studies testing Herzberg's two-factor theory show that in line with Herzberg's predictions, factors associated with intrinsic satisfaction do play a more important part in increasing job satisfaction (Nate, and Santhat (2008). While from a study

done in Ghana the author agreed that intrinsic factors are related to job satisfaction and extrinsic factors to dissatisfaction, he argued that more emphasis should be on the hygiene factors since it appears to motivate the Ghanaian workers better (Dartey-Baah and Amoako, 2011).

Regarding the hygiene factors results have shown that there was a significant association between hygiene factors (salary and working conditions) and job satisfaction (Rubin, 2009). Apart from working conditions and salary recognition, utilization of skill, technical aspects of supervision and job advancement were found to be significantly related to job satisfaction in a study done in Saudi Arabia (Al-Ahmad, 2002). However, in another study it was found that there was no significant association between other aspects, such as policy and administration, supervision and interpersonal relationship with job satisfaction (Nate and Santhat, 2008).

One national study conducted in China revealed that intrinsic job characteristics were found to be as important as extrinsic job characteristics on nurses' job satisfaction (Trevor, 2008). In contrast, in Indonesia hygiene factors were significantly associated with nurses' job satisfaction, whereas motivation factors were not significantly associated with job satisfaction (Rubin, 2009).

Pay and promotion opportunities were strongly correlated with job satisfaction in a study done among nurses of Khyber teaching hospital, Peshawar (Usman, and Ahmad, (2010), whereas professional opportunity, work load and appreciation reward showed dissatisfaction among nurses in another study (Al Juhani et al, 2006).

2.3 Review of Theoretical Literature

Many researchers suggest that the motivational theories that address job satisfaction are the Need theories (Maslow's hierarchy of needs theory), the Equity theory, and the Job Characteristics theories (as of Herzberg's two-factor theory). These are discussed below.

2.3.1 Maslow's Theory of 'Hierarchy of Needs'

Maslow's theory proposed that people's needs range from a basic to a high level. These needs are present within every human being in a hierarchy, namely physiological, safety and security, social status and self-actualization needs. Failure to satisfy one need may have an impact on the next level of need. Low order needs take priority before the higher order needs are activated, so that needs are satisfied in sequence.

Therefore the rationale is one could only progress to the next level when the previous need is satisfied. This shows distinct relationship between motivation and satisfaction and thus when individual is satisfied with the lower need will be motivated by the next need in the hierarchy. Maslow concluded that when the need is satisfied it cease to motivate (Benton, 1991). Maslow ignored the external needs which originate from outside work place and only looked on internal needs. Maslow pointed the following, it is important to satisfy the lower need before the higher one, second needs highlighted can be used by managers to provide positive reinforcement in working place but as well as they can be aware of the importance of personal growth and self-actualization (Bateman and Snell 1999).

2.3.2 Herzberg's Two-Factor Theory

Herzberg's theory is the most useful model to study job satisfaction; in the late 1950's Frederick Herzberg developed a theory that there are two dimensions to job satisfaction, "motivation" and "hygiene". The work characteristics associated with dissatisfaction (hygiene factors) vary from those pertaining to satisfaction (motivators) in that motivators lead to satisfaction, although their absence may not lead to dissatisfaction. The motivators are intrinsic to the job and include achievement, recognition and intrinsic interest in the work itself. The continuing relevance of Herzberg is that there must be some direct link between performance and reward, whether extrinsic as in recognition or intrinsic as in naturally enjoyable work, to motivate employees to perform and improve their job satisfaction. The hygiene factor is extrinsic to the job and includes company policy, administration, supervision, interpersonal relationship, working condition, salary, social status and moral values. Hygiene factors prevent dissatisfaction, but they do not necessarily lead to satisfaction (Herzberg 1990). Only motivation factors lead to motivation and not hygiene factors and this equates to Maslow higher order theory.

2.3.3 Equity Theory

Equity theory suggests that job satisfaction focuses on individuals' perceptions of how fairly they are treated compared to others at equivalent position in working place. This implies that, if people perceive their treatment as less favorable than that of others with whom they compare themselves, they are likely to be less motivated to perform better. This theory therefore posits that people compare the ratio of their outputs to inputs with the ratio of outputs to inputs of others. Therefore according to

Equity theory when making comparison to both inputs (the contributions the person makes to the organization) and outputs (rewards the person receives from the organization) are considered. People compare to one another in terms to their ratios of inputs to outcomes (Bateman, 1999)

2.3.4 Theoretical Link Between Social Demographic Factors, Motivational Factors and Hygienic Factors to Job Satisfaction

The motivator-hygiene theory draws on the need theory. That is, if hygiene factors are present, security and physiological needs (needs hierarchy) are likely to be met. Motivator factors focus on the job itself and the opportunity for the person to satisfy his or her own higher order needs such as self-esteem. Adair (1996) compared Maslow's need hierarchy theory and Herzberg's two-factor theory in this way: "Physiological, safety and social needs, for example, might create dissatisfaction if they were not met, but - according to Herzberg - they have little power to afford satisfaction.

By contrast, the meeting of esteem and self-actualization or professional growth needs could lead to a more positive and longer-lasting sense of satisfaction. In this way we could try to reconcile the two approaches of Maslow and Herzberg.

Equity theory suggests that a person may be motivated by comparing his or her own situation with that of others who are in the same or similar situation. Therefore equity theory can show the relationship of job satisfaction in relation to social-demographic factors as a person will tend to compare her/himself with the other one with shared characters.

2.4 Review of Empirical Literature

2.4.1 World Literature

Job satisfaction is a very important variable among the determinants of quality of health care. A number of studies have been conducted worldwide among healthcare workers to determine the level and even the determinants of job satisfaction. Ensuring health worker job satisfaction and motivation are important if health workers are to be retained and effectively deliver health services in many developing countries, whether they work in the public or private sector. The level of job satisfaction varies from one place to another around the world and many factors have been attributed to the differences noted. Study done in Turkey showed that percentage of satisfied health care workers was 60% and the satisfaction score was 3.8 ± 0.5 . Midwives had the lowest satisfaction scores. Working environment and income were the most important factors for dissatisfaction (Bodur, 2002). Chaulagain and Khadka (2012) investigated the factors influencing job satisfaction in Nepal and found that 76% of healthcare professionals were satisfied with their current jobs. No association was found in between socio-demographic characteristics and job satisfaction. Variables such as responsibility, opportunity to develop, staff relations and patient care were significantly influencing factors for job satisfaction. In health service sector, healthcare professionals were satisfied not only with financial benefits but also with satisfaction that they draw from taking care of patients' relations. Study conducted among nurses in Indonesia 25.58%, 49.30% and 25.12% had low, moderate and high job satisfaction respectively (32). In South Africa majority were dissatisfied (Rubin, 2009) and while in Turkey 60% were satisfied (Rain, *et al.*1991).

A study by Ali-Mohammed (2004) in Iran on factors affecting employees' job satisfaction in public hospitals found a moderate level of general satisfaction among participants. The study also showed that the opportunity to develop was a significant predictor of job satisfaction among study participants. The greater the chances for individual to development within the organization, the greater the likelihood of him or her to be more satisfied with his job. Al Juhani and Kishk (2006) examined job satisfaction among primary health care physicians and nurses in Al-Madinah Al-Munawwara. Job satisfaction was the affective orientation that an employee has towards his work. Greater physician satisfaction was associated with greater patient adherence and satisfaction. Nurses' job satisfaction had a great impact on the organizational success. Knowing parts of job dissatisfaction among physicians and nurses was important in forming strategies for retaining them in primary health care (PHC) centers.

A descriptive cross sectional epidemiological approach was adopted. A self-completion questionnaire was distributed to physicians and nurses at PHC centers. The studied sample included 445 health care providers, 23.6% were physicians and 76.4% were nurses. Job dissatisfaction was highly encountered where 67.1% of the nurses and 52.4% of physicians were dissatisfied. Professional opportunities, patient care and financial reward were the most frequently encountered domains with which physicians were dissatisfied. The dissatisfying domains for majority of nurses were professional opportunities, workload and appreciation reward. Exploring the relation between demographic and job characteristics with job satisfaction revealed that older, male, non-Saudi, specialists physicians had insignificantly higher mean score

of job satisfaction than their counterparts. While older, female, non-Saudi, senior nurses had significantly higher mean score than their counterparts. It is highly recommended to reduce workload for nurses and provision of better opportunities promotional for PHC physicians and nurses.

Yami, *et al.*, (2011) examined job satisfaction and its determinants among health workers in Jimma University Specialized Hospital, Southwest Ethiopia. They hold that human power was the backbone for the provision of quality health care for the population. High level of professional satisfaction among health workers earned high dividends such as higher worker force retention and patients satisfaction. A cross-sectional study was conducted to determine the level and factors affecting job satisfaction and retention of health professionals working in Jimma University Specialized Hospital.

The result showed that sixty seven (46.2%) of the health workers were dissatisfied with their job. The major reasons reported for their dissatisfaction were lack of motivation, inadequate salary, insufficient training opportunities and inadequate number of human resources. Only sixty (41.4%) health professionals were satisfied with their job, the major reasons given were getting satisfaction from helping others and professional gratification. The respondents suggested the following to improve job satisfaction and increase retention rate which included motivation of staff through different incentives such as bonus, house allowance, salary increment, establishing good administration management system and improving hospital facilities and infrastructure.

Ezejal *et al.*, (2010) assessed job satisfaction and working conditions of Nigerian oral health workers. A questionnaire-based cross-sectional survey of dental professionals working in Oral healthcare centres of University Teaching hospitals in Southern Nigeria was conducted. The survey response rate is 82.3%. The respondents were dentist (59.7%), dental nurse (15.3%), and dental therapist (9.0 %,) dental technologist (13.2%) and dental record officers (2.8%). Seven-tenth (70.1%) of the respondents expressed satisfaction and fulfillment in their career as Oral healthcare worker. Sixty-five respondents (45.1%) would like one of their children to take up their profession. Only 32% agreed that they have the necessary facilities and equipment to perform their work successfully. Less than half (46.5%) felt that that their work area is comfortable enough for them to do their best. Only 29.2% agreed that their salary was enough to cater for their personal and family needs. Dental auxiliaries were more satisfied than dentists ($p=0.004$). Job satisfaction was influenced by ethnicity and geographical location ($p<0.05$). About two-third of the respondents (31.9%) had thought about leaving their profession in the last 12 months with two-third of them being dentists.

2.4.2 Tanzania Related Literature

Leshabari *et al.*, (2008) researched on motivation of health care workers in Tanzania using a case study of Muhimbili National Hospital. They argued that the Tanzanian health system was undergoing major reforms. As part of this, a study was commissioned into the delivery of services and care at the Muhimbili National Hospital. One of the main components of this comprehensive study was to measure the extent to which workers in the hospital were satisfied with the tasks they

performed and to identify factors associated with low motivation in the workplace. This was a cross sectional study involving a sample of 448 hospital workers. Stratified sampling was used to randomly pick 20% of: doctors, nursing staff, auxiliary clinical workers and other administrative and supporting staff. About 44% of the workers were female. Almost half of both doctors and nurses were not satisfied with their jobs, as was the case for 67% of auxiliary clinical staff and 39% of supporting staff.

This dissatisfaction was multi-factorial in origin. Among the contributing factors reported were low salary levels, the frequent unavailability of necessary equipment and consumables to ensure proper patient care, inadequate performance evaluation and feedback, poor communication channels in different organizational units and between workers and management, lack of participation in decision-making processes, and a general lack of concern for workers welfare by the hospital management.

Stringhini *et al.*, (2009) examined understanding of informal payments in health care: motivation of health workers in Tanzania. There was growing evidence that informal payments for health care were fairly common in many low- and middle-income countries. Informal payments were reported to have a negative consequence on equity and quality of care; it has been suggested, however, that they might contribute to health worker motivation and retention. Given the significance of motivation and retention issues in human resources for health, a better understanding of the relationships between the two phenomena was needed. This study attempted to

assess whether and in what ways informal payments occurred in Kibaha, Tanzania. Moreover, it aimed to assess how informal earnings might help boost health worker motivation and retention.

Nine focus groups were conducted in three health facilities of different levels in the health system. In total, 64 health workers participated in the focus group discussions (81% female, 19% male) and where possible, focus groups were divided by cadre. Furthermore, a negative relationship between informal payments and job satisfaction and better motivation is suggested. Participants mentioned that they felt enslaved by patients as a result of being bribed and this resulted in loss of self-esteem. Furthermore, fear of detection was a main demotivating factor. These factors seem to counterbalance the positive effect of financial incentives. Moreover, informal payments were found not to be related to retention of health workers in the public health system. Other factors such as job security seemed to be more relevant for retention.

Prytherch *et al.*, (2012) examined maternal and newborn healthcare providers in rural Tanzania using in-depth interviews exploring influences on motivation, performance and job satisfaction. An interview guideline was prepared with the involvement of Tanzanian psychologists, sociologists and health professionals to ensure the instrument was rooted in the socio-cultural setting of its application. Interviews were conducted with 25 MNH providers, 8 facility and district managers, and 2 policy-makers. Key sources of encouragement for all the types of respondents included community appreciation, perceived government and development partner support for

MNH, and on-the-job learning. Discouragements were overwhelmingly financial in nature, but also included facility understaffing and the resulting workload, malfunction of the promotion system as well as health and safety, and security issues. Low-level cadres were found to be particularly discouraged. Difficulties and weaknesses in the management of rural facilities were revealed. Basic steps that could improve performance appeared to be overlooked. Motivation was generally referred to as being fair or low. However, all types of providers derived quite a strong degree of satisfaction, of an intrinsic nature, from their work.

Manongi *et al.*, (2006) conducted a study of improving motivation among primary health care workers in Tanzania through a health worker perspective. They held that, in Tanzania access to urban and rural primary health care is relatively widespread, yet there is evidence of considerable bypassing of services; questions have been raised about how to improve functionality. The aim of this study was to explore the experiences of health workers working in the primary health care facilities in Kilimanjaro Region, Tanzania, in terms of their motivation to work, satisfaction and frustration, and to identify areas for sustainable improvement to the services they provide.

The primary issues arising pertain to complexities of multitasking in an environment of staff shortages, a desire for more structured and supportive supervision from managers, and improved transparency in career development opportunities. Further, suggestions were made for inter-facility exchanges, particularly on commonly referred cases. The discussion highlights the context of some of the problems

identified in the results and suggests that some of the preferences presented by the health workers be discussed at policy level with a view to adding value to most services with minimum additional resources. Study done in Mbeya municipal among health care providers revealed that there was job dissatisfaction which was caused by remuneration/ low salary, mistreatment in terms of administrative practice, poor interpersonal relations, no risk allowance and proper insurance as well as improper staff training (Bushigazi, 2009).

2.5 Research Gap

Despite the fact that there are a number of literature on job satisfaction on healthcare workers in public hospitals such as Leshabari *et al.*, (2008) who found that amongst the contributing factors reported were low salary levels, the frequent unavailability of necessary equipment and consumables to ensure proper patient care, inadequate performance evaluation and feedback, poor communication channels in different organizational units and between workers and management, lack of participation in decision. Prytherch *et al.*, (2012) who found discouragements to overwhelmingly financial in nature, but also included facility understaffing and the resulting workload, malfunction of the promotion system as well as health and safety, and security issues. However, there are no studies that have investigated the degree of job satisfaction as well as the determinants of job satisfaction among health care workers in Tanzanian public hospitals. In particular there is no study to my knowledge that has been done on determinants of job satisfaction at the MNH. Therefore, this has created an information gap which this study is aimed at filling.

2.6 Conceptual Framework

The conceptual framework for this research work is as summarized in the figure below which shows the interplay between the Hygiene factors, motivation factors and individual characteristics in influencing job satisfaction.

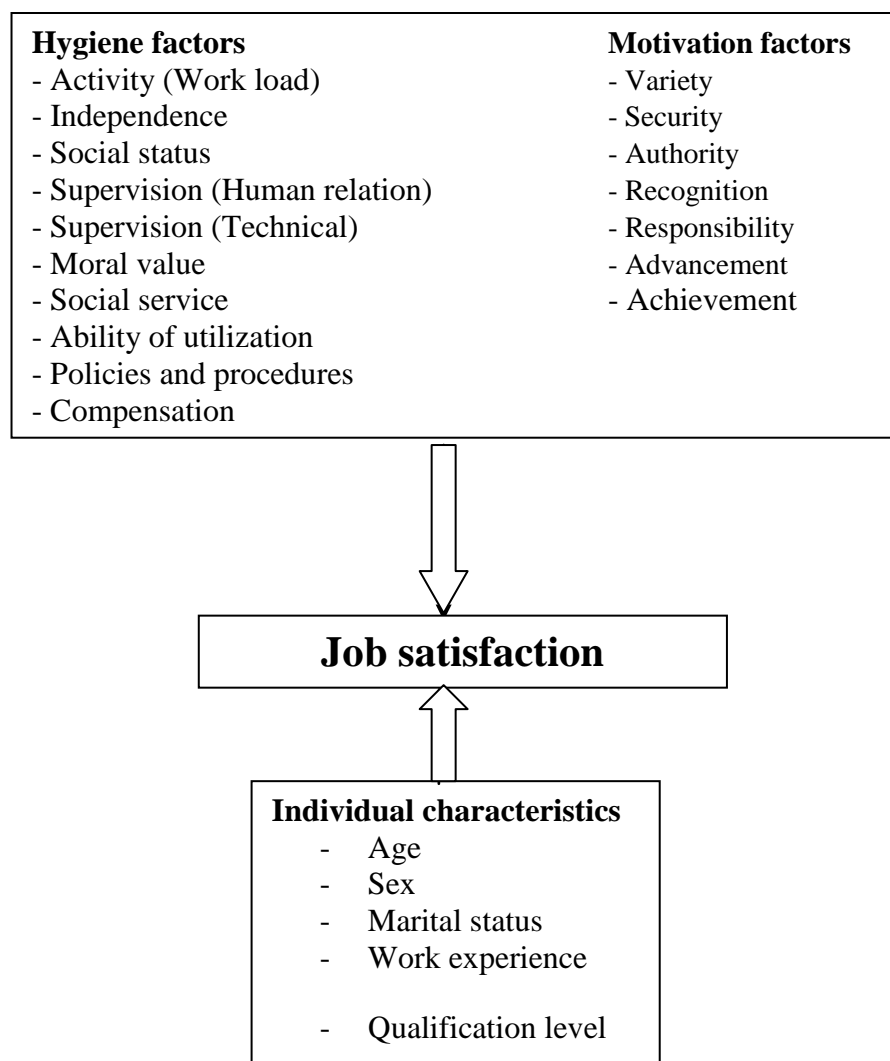


Figure 2.1 Conceptual Framework

Source: Herzberg's Dual Factor (motivation and hygiene factor) theory.

2.7 Theoretical Framework

Job satisfaction is a multidimensional, enduring, important and much researched concept in the field of organizational behaviour (Bassett, 1994). A number of researchers have tried to define job satisfaction. Buss (1988), for example, described job satisfaction as an employee's perception that his or her job allows the fulfillment of important values and needs. Bearing this in mind, motivational theories, such as Maslow's need-hierarchy theory, Herzberg's two-factor theory and equity theory, all have substantial implications in understanding job satisfaction. Herzberg's theory is especially important as it distinguishes between general types of work motivations, namely, intrinsic motivators and extrinsic motivators. These two groups of motivators have been found to be associated with job satisfaction and dissatisfaction, respectively (Buitendach and De Witte, 2005; Herzberg, Mausner, and Snyderman, 1959; Lu, 1999). The listed the common aspects of job satisfaction have been reported previously (Locke, 1976, p. 1302) as being work, pay, promotions, recognition, benefits, working conditions, supervision, co-workers, company, and management. Research that followed has shown that that these different aspects could be split according to Herzberg's two dimensions (Spector, 1997; Hirschfeld, 2000) into intrinsic and extrinsic satisfaction. Intrinsic satisfaction refers to job tasks and job content (such as variety, autonomy, skill utilization, self-fulfilment and self-growth), whereas extrinsic motivation refers to other factors such as pay, co-workers, and work conditions (Buitendach and De Witte, 2005). Herzberg (1959) also made a distinction between satisfiers and dissatisfiers. If factors such as working conditions and supervisors are good, they are perceived as satisfiers, and vice versa. However, they are not perceived as motivators. Motivators include such things as opportunity

for advancement and promotion, greater responsibility, opportunity for growth, and interesting work.

In order to understand and explain job satisfaction, different models have been developed. The model of facet satisfaction (Lawler, 1973) is closely related to equity theory. In this model, employees are satisfied with a particular facet of their job (e.g. co-workers, supervisors, pay) when the amount of the facet they perceive that they should receive for performing their work at least equals the amount they actually receive. On the other hand, Locke's (1969) discrepancy theory explains job satisfaction in terms of needs. It focuses on satisfaction and dissatisfaction with a job, and states that satisfaction, or dissatisfaction, with some aspect of a job depends on the perceived congruence or discrepancy between desires (needs) and outcomes (what is received), and the importance of what is wanted. Overall job satisfaction is the sum of each of the aspects of the job multiplied by the importance of the aspect for a person.

Subsequently, satisfaction has been defined as a job attitude, along with other attitudinal concepts, such as morale, job involvement, and organizational commitment. Spector (1997), for example, defined job satisfaction as an attitudinal variable that measures how a person feels about his or her job in general, and also how he or she feels about different facets of the job. In their definitions Lofquist and Davies (1996), and Price (2001) focused on this affective component of attitudes. They described job satisfaction as the affective orientation that an employee has towards his or her work. In the words of Siegel and Lane (1982) job satisfaction "...

occurs when an individual subjectively appraises his/her current job situation and has a positive or pleasurable emotional response”. Another theory that approaches job satisfaction from an affective point of view is Landy’s (1978) opponent-process theory.

This theory emphasizes emotional equilibrium and regards job satisfaction and dissatisfaction as emotional states. Whereas job satisfaction pertains to positive feelings that individuals have relative to their jobs, job dissatisfaction indicates negative feelings that individuals have regarding their jobs or facets of their jobs (Hirschfeld, 2000; Spector, 1997).

Job satisfaction among Nurses is important since it has a direct impact on patient care (Cavanagh, 1992). Nursing staff with low job satisfaction levels may find it difficult to provide quality patient care, and to create a friendly and supportive atmosphere within the health care setting. Nurses with low levels of job satisfaction may also avoid work responsibilities, through absenteeism, and by taking shortcuts in the performance of their duties (Fako, 2000).

2.8 Study Hypotheses

- There is no difference in mean scores of job satisfaction between male and female nurses.
- There are no differences in mean scores of job satisfaction among categories of age of nurses
- There is no difference between the mean scores of job satisfaction between across marital status

- There are no differences in mean scores of job satisfaction among work experience categories
- There are no differences in mean scores of job satisfaction among qualification levels.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This section covers details on sampling design, which comprise sampling frame, sample unit, sampling procedures and sample size. It also comprises primary and secondary data collection. Data collection instruments are annexed at the end, while data analysis methods are in the last subsection of this chapter.

3.2 Study Design

This was a cross-sectional, descriptive, quantitative survey that utilized a self-administered questionnaire.

3.3 Study Population

The study population involved all nurses employed at the MNH. These comprised of the six departments at MNH grouped as follows: Surgical {Obstetrics and Gynaecology, General Surgery and Paediatric Surgery} and Non-surgical {Medicine, Paediatrics and Psychiatry}.

3.4 Sample Size

According to Saunderson et al (2012:266) for a population of 500, and a margin of error of 5%, the recommended sample size is 217. So for a population of 683 the recommended sample size is interpolated as follows:

$$683 - 500 = 183; \text{ and } 183/500 = 0.366$$

$$\text{Thus sample size is: } 217 (1+0.366) = 296.42$$

Since the calculated sample size of 296 is 43% of the study population, participants were conveniently chosen while maintaining the proportion at the departmental level as detailed in Table 3.1.

Table 3.1. Distribution of Study Sample

S. No	Department	No. of Nurses	No. of Nurses studied (proportional to 43%)
1	Internal Medicine	109	47
2	Paediatrics	69	30
3	Psychiatry	51	22
4	Obstetrics	244	106
5	Surgery	171	74
6	Paediatric Surgery	39	17
	Total	683	296

3.5 Sampling Procedures

In order to minimize bias proportionate allocation of study subjects from each department were computed to reach the calculated sample size. Convenient sampling technique was used to obtain respondents even though the probabilistic sampling could have been the best. A convenience sample is merely an available sample that appears able to offer answers of interest to the research study (Baker, 1994).

This is a sampling technique that is preferable for its economic value. This was used because it enables the researcher to save time but also due to nature of the job as the

workers are subjected to days off during their duty days, it is more likely to miss them at their working station. With this technique a number of respondents who happened to be around were provided with self-administered questionnaires (every day the group of nurses at each working station at MNH includes a group of nurses from top block manager, nurse in charge of the ward, up the lowest level of cadre of ward attendants). A proportionate sample conveniently selected was therefore used to obtain a sample of nurses from each department till the proportionate sample was reached for each department. In the surgical category, the following departments were involved: Obstetrics and Gynaecology, General Surgery and Paediatric Surgery. In the non-surgical category Medicine, Paediatrics and Psychiatry departments were involved.

3.5.1 Inclusion and Exclusion Criteria

Only Nurses who were involved in patient care and willing to participate in the study. Nurses not present at duty station were excluded as well as Nurses present but unwilling to participate.

3.6 Data Collection

In collecting the required information two types of data were collected, that is primary and secondary data.

3.6.1 Primary Data

Primary data were directly obtained from the field. It was collected from the sample through questionnaires. This information was obtained from nurses in MNH.

3.6.2 Secondary Data

Secondary data for this study were collected from books, journals and reports both published and unpublished, as well as from online sources.

3.7 Data Collection Instrument and Procedures

3.7.1 Questionnaire

On assessment of social-demographic characteristics a self-administered questionnaire developed from literature was used. This section collected information about respondents' age, gender, education level, marital status and working experience.

On assessment of job satisfaction MSQ-SF was used since this has been proven to be valid and reliable. Likert item scale with 5 points was used from “very satisfied” (5) to “very dissatisfied” (1). The MSQ-SF has 20 questions that were given three scores as follows on general satisfaction, intrinsic and extrinsic. The bases for the construction of MSQ-SF by Weiss (1967) were the following 20 variables:

- | | |
|---------------------------------|--------------------------|
| 1. Work load | 11. Ability to utilize |
| 2. Independence. | 12. Policy and practices |
| 3. Variable | 13. Compensation |
| 4. Social status | 14. Advancement |
| 5. Supervision (Human relation) | 15. Responsibility |
| 6. Supervision (technical) | 16. Creativity |
| 7. Moral value | 17. Working conditions |
| 8. Security | 18. Coworkers |
| 9. Social service | 19. Recognition |
| 10. Authority | 20. Achievement |

3.7.2 Procedure

Structured questionnaires were used in data collection, adopted from the short form of Minnesota Satisfaction Questionnaire (MSQ-SF) with 20 questions to assess determinants of job satisfaction among health care worker. All the participants signed an informed consent before filling in the questionnaire. The Investigator herself collected the data. For the purpose of not missing nurses in different departments, data was collected from different wards and outpatient buildings where clinics are being conducted. Keya, *et al.*, (1989) defines questionnaire as a set of questions that are drawn up to meet the objectives of a survey.

The adapted MSQ-SF questionnaire was applied carefully to avoid responses that could have biased in favor of the study objectives. They were also prepared according to the status of the target group. The questionnaire was used because generally questionnaires encourage greater honesty, with possibilities of enquiring absent attitude and opinions. The structured questionnaire assisted the researcher to objectively collect the required information as it limited the respondents on a particular issue under the study.

3.8 Variables and their Measurements

Job satisfaction was measured based on the mean score on the scale items. For hygiene factors this included items 1, 2, 4, 5, 6, 7, 9, 11, 12, 13, 16, 17 and 18 (13 items). For motivation factors this included items 3, 8, 10, 15, 19 and 20 (7 items)

For general level satisfaction, all the 20 items were included. A mean of the means of all the 20 factors was regarded as the cut-off point. Therefore the mean item

responses of 3.06 or more represented “satisfied”; and a mean score of 3.05 or less was considered as “dissatisfied”. This led to a dichotomous/binary variable – job satisfaction.

Other independent variables were: Social-demographic (age, gender, education level, marital status and working experience); Hygiene or “extrinsic factors” (work load, social status, supervision, moral value, social service, authority, ability to utilize, organizational policy and practices, salary, co-workers relationship, social status and creativity); and Motivation or “intrinsic factors” (security, authority, advancement, achievement, recognition, variety and responsibility).

3.9 Validity and Reliability

The two most important and fundamental characteristics of any measurement procedure are reliability and validity. Patton (2002) argue that validity and reliability are two factors which any qualitative researcher should be concerned about while designing a study, analyzing results and judging the quality of the study.

3.9.1 Data Validity

Validity was defined as the extent to which the instrument measures what it purports to measure (Golafshani 2003). The investigator went through all the questionnaires before data entry. The use of MSQ standardized questionnaire which was validated.

3.9.2 Data Reliability

Reliability was defined as the extent to which a questionnaire, test, observation or any measurement procedure produces the same results on repeated trials (Golafshani,

2003). In short, it is the stability or consistency of scores over time or across raters. The MSQ-SF has been proven to be valid and reliable. The Cronbach alpha test had a cut off of 0.819. This is acceptable as the acceptable alpha is one that is at least 0.7.

3.10 Data Analysis Methods

Data entry, data cleaning, coding and analysis was performed using Statistical Package for Social Sciences (SPSS version 16 for windows). Independent variables were summarized using descriptive statistics like frequency, mean and standard deviation. The hypotheses were tested using either independent two sample test where two subsamples were being compared (sex and marital status), or one way ANOVA test where more than two subsamples were being compared (age, working experience, and level of qualification). In addition, Tukey's test was used to identify categories that are different where more than two were subsamples were compared.

3.11 Data Quality Management

Investigator herself collected the data. Knowing the objectives and the details of the study, she was at a better position to elaborate to participants and replied accordingly when asked by participants in case something was not well understood. Even though the MSQ-SF has been proven to be valid and reliable a pre-test was done in the department where the investigator is working to check for the validity and reliability of the study. Pre-test concentrated on the clarity, understandability, flow and construction. The questionnaire was in simple English for participants to understand. In cases of difficulties in understanding, the investigator clarified to participants. In

order to make sure that all questions have been responded to by the participants the investigator checked each questionnaire carefully immediately these were collected.

3.12 Ethical Considerations

Permission to conduct the study was requested and obtained from the MNH authorities. Informed consent was obtained from each participant, and confidentiality was observed as the information was made strictly private and used only for study purposes and not otherwise. No name appeared on questionnaires, instead coding and initials were used to avoid respondent's identification as well as to insure their anonymity. All study participants signed an informed consent form before entry into the study.

CHAPTER FOUR

3.0 RESULTS AND DISCUSSION

4.1 Overview

This chapter presents the results of the study followed by a discussion. Section 4.2 reports on the socio-demographic characteristics of respondents. Section 4.3 reports on respondents' job satisfaction. Section 4.4 reports on the socio-demographic variables and job satisfaction. This is later followed by a section on discussion of the results.

4.2 Socio-Demographic Characteristics

A total of 228 usable questionnaires were identified. The proportion of females was 90.4%. The mean (\pm SD) age of the participants was 36.8 (\pm 9.5) years, and it ranged between 22 and 60 years. The age range having a majority (42.1%) of participants was the 30-39 years.

As shown in Table 4.1, 76.3% of the study participants were married. Majority (40.4%) had a working experience of 5-10 years, while those with a working experience of over ten years accounted for 33.3%. In terms of educational status, the majority (64.9%) of the participants had a diploma in nursing, while only 4.8% had a Master's degree.

Table 4.1. Socio-demographic characteristics of participants

Variables	Category	Frequency (%)
Sex	Male	22 (9.6)
	Female	206 (90.4)
Age (in years)	29 or less	57 (25.0)
	30-39	96 (42.1)
	40 – 49	41 (18.0)
	50 and above	34 (14.9)
	Mean (SD) = 36.8 (9.5); Min = 22, Max=60 years	
Marital status	Single	54 (23.7)
	Married	174 (76.3)
Years of working experience in nursing	< 5 years	60 (26.3)
	5-10	92 (40.4)
	10+	76 (33.3)
Educational status	Certificate	34 (14.9)
	Diploma	148 (64.9)
	Degree	35 (15.4)
	Master's Degree	11 (4.8)

Source: Field Data (2013)

4.3 Respondents' Job Satisfaction

4.3.1 Overall Job Satisfaction Level

The MSQ-SF with 20 questions each rated on a five Likert's scale was used in measuring the overall level of nurses' job satisfaction in Muhimbili National Hospital. The level of job satisfaction was dichotomized in to two categories namely "dissatisfied and satisfied "by their mean scores, ranging from 1.00 to 3.05 and 3.06 to 5.00 respectively. The results showed that a slightly higher proportion of them, 116 (50.9%), were satisfied, while 112 (49.1%) were dissatisfied with their job (Figure 4.1).

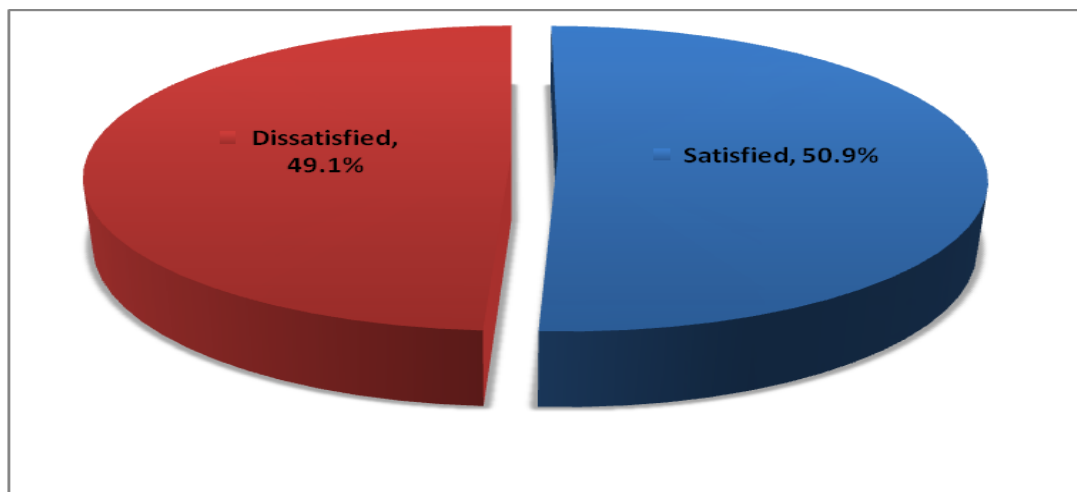


Figure 4.1 Level of job satisfaction

Source: Field Data (2013)

4.3.2 Level of Satisfaction with the Hygiene (Extrinsic) Factors

In this study 13 hygiene factors were included. These factors were as follows: ability of utilization, supervision, moral value, social service, social status, organizational policies and procedures, salary, co-worker's relationship, independence, workload, creativity and working conditions.

The mean (SD) score of the 13 hygiene (extrinsic) factors was 3.05 (0.80). The item “coworkers’ relation” had the highest mean (SD) score of 3.29 (0.85), while the item “salary” had the lowest mean score of 2.69 (0.93). Overall the mean scores of the following factors (social service, social status, organizational policies, ability of utilization, supervision- technical, moral value and compensation/salary) were less than 3.05 (Table 4.2).

Table 4.2. The Mean (SD) Rating of Hygiene Factors

	Hygiene (extrinsic) factors	Mean	SD
1	Being able to keep busy all the time (Work load/Activity/)	3.08*	0.58
2	The chance to do things for other people (Social service)	3.00**	0.70
3	The chance to work alone on the job (Independence)	3.28*	0.82
4	The chance to be somebody in the community (Social status)	2.96**	0.80
5	The way my coworkers get along with each other (Coworkers relationship)	3.29*	0.85
6	Being able to do things that don’t go against my conscience (Moral values)	2.96**	0.80
7	The way my boss handles his/her workers (Supervision human relation)	3.27*	0.80
8	The chance to do something that makes use of my abilities (Ability utilization)	2.93**	0.82
9	The competence of my supervisor in making decision (Supervision technical)	2.99**	0.68
10	The chance to try my own methods of doing the job (Creativity)	3.06*	0.94
11	The way hospital policies are put in to practice (Organizational policy)	2.94**	0.83
12	Working conditions such as cleanliness of the work place, healthy environmental condition, enough tools and supplies. This thing encourages me to work (Working conditions)	3.14*	0.93
13	My pay and the amount of work I do (Compensation/Salary/)	2.69**	0.93
	Total Average (Mean)	3.05**	0.80

*Mean > 3.05= “Satisfied”, while ** Mean ≤ 3.05 = “Dissatisfied”

Source: Field data (2013)

4.3.3 Level of Satisfaction with the Motivation (Intrinsic) Factors

Table 4.3. The Mean (SD) Rating of Motivational Factors

	Motivation (intrinsic) factors	Mean	SD
1	The chance to do different things from time to time (Variety)	3.02**	0.90
2	The feeling of accomplishment I get from the job (Achievement)	3.05**	0.88
3	The way my job provides for steady employment (Security)	3.13*	0.93
4	The chance to tell people what to do (Authority)	3.18*	0.92
5	The chance for advancement on this job (Advancement)	2.95**	0.91
6	The praise I get for doing a good job (Recognition)	2.88**	0.94
7	The freedom to use my own judgment (Responsibility)	3.12*	0.95
	Mean Average	3.06	0.92

*Mean > 3.06= “Satisfied”; while ** Mean ≤ 3.06 = “Dissatisfied”

Source: Field data (2013)

4.4 Socio-demographic Variables and Job Satisfaction

Using independent t-test, (and ANOVA) the difference between mean scores in job satisfaction ratings across demographic variables sex, age, marital status, working experience and the level of qualification were tested. The results are as shown in Table 4.4.

4.4.1 Sex

The mean (SD) job satisfaction score of 3.05 (0.41) among females was higher than the mean (SD) score of 3.01 (0.41) among males. Female nurses were slightly more satisfied with their job than male nurses, but the difference in these means was not statistically significant ($p > 0.05$) (Table 4.4).

4.4.2 Age

The mean (SD) job satisfaction scores for age categories less than 29 years, 30-39, 40-49 and above 50 years were 3.01 (0.44), 2.97 (0.38), 3.19 (0.43) and 3.16 (0.36) respectively (Table 4.4). ANOVA test indicates that mean scores of job satisfaction were statistically significantly different across age categories ($p < 0.05$). More specifically the Tukey's test indicates that the difference is between mean scores of age categories 30-39 years and 40-49 years.

4.4.3 Marital Status

The mean (SD) job satisfaction scores for single and married participants were 2.91 (0.48), and 3.09 (0.38) respectively (Table 4.4). Through independent t-test, the means were statistically significantly different ($p < 0.01$).

4.4.4 Working Experience

The mean (SD) job satisfaction scores for working experience categories of less than 5, 5-10, and more than 10 years were; 2.96 (0.42), 3.00 (0.40) and 3.18 (0.39) respectively. These means were statistically significantly different across the working experience categories ($p < 0.05$). This was further supported by the Tukey's test.

4.4.5 Level of Qualification

The mean (SD) job satisfaction scores were not significantly (statistically) associated among the level of educational qualification groups. The scores were 3.09 (0.42), 3.05 (0.38), 3.00 (0.51) and 3.01 (0.44) for Certificate, Diploma, Degree and Master's degree levels of education, respectively. (Table 4.4)

Table 4.4. Job Satisfaction Scores and Selected Socio-Demographic Variables

Variables	Category	Freq.	Mean	SD	Tests		p-value
					T	F	
Sex	Male	22	3.01	0.41	-	0.395	0.696
	Female	206	3.05	0.41			
Age	29 or less	57	3.01	0.44		3.855	0.01**
	30-39	96	2.97	0.38			
	40 – 49	41	3.19	0.43			
	50 and above	34	3.16	0.36			
	Tukey’s test = The mean job satisfaction for the age category 30-39 years was statistically significantly different from that of the age category of 40-49 years.						
Marital status	Single	54	2.91	0.48	-	2.755	0.006*
	Married	174	3.09	0.38			
Working experience in nursing	< 5 years	60	2.96	0.42		6.158	0.02**
	5-10	92	3.00	0.40			
	10+	76	3.18	0.39			
	Tukey’s test = The mean score for the 10+ years category was statistically and significantly different from that of 5-10 and <5 years scores.						
Level of Qualification	Certificate	34	3.09	0.42		0.264	0.852
	Diploma	148	3.05	0.38			
	Degree	35	3.00	0.51			
	Master’s Degree	11	3.01	0.44			

The mean difference is statistically significant at $p < 0.05$ **; at $p < 0.01$ *

Source: Field data (2013)

4.5 Discussion of Findings

This study assessed the levels and different factors affecting nurses' job satisfaction using the Herzberg's job motivator and hygiene factors in Muhimbili National Hospital. It is known that high and integrated productivity and performance of hospitals cannot be realized without the active participation of satisfied nurses. It has been found in this study that the proportion of nurses who reported being "satisfied" with their job was 50.9%. On the other hand 49.1% of the nurses were "dissatisfied" with their job. This finding is in contrast with other studies conducted in Tanzania that have revealed a low level of job satisfaction among health care workers. A study done by Leshabari in 2008 found that more than half of Doctor's and nurses were dissatisfied with their job, while a study done in Mbeya revealed that 77% of health care workers were dissatisfied with their job. (Leshabari, 2008; Bushigazi, 2009). This fact that the level of job satisfaction found in this study among this cadre of health care workers is higher compared to that found in the earlier Tanzanian studies is also not in keeping with findings from studies conducted in other countries. Studies done in Turkey by Bodur (2002), and Rain et, al. (2009) revealed that 60% of the nurses were dissatisfied with their job.

Similarly, a study done in Al-Madinnah in Saudi Arabia found that 67.1% of the nurses were dissatisfied (Al-Juhani and Kishke 2006). However the findings are similar to the findings from Ethiopia whereby it has been reported that 46.2% of the nurses were dissatisfied (Yami et al 2011). It has to be emphasized however that the proportion of nurses found to be satisfied is not that ideal in such a health setting of a national referral hospital. The unsatisfactory level of job satisfaction found in this

study is probably due to the fact that Tanzania is currently undergoing significant socioeconomic changes such that the cost of living is becoming increasingly high to the majority of workers. Additionally, because of economic hardships being experienced, the Government is unable to provide the necessary working facilities. Worse still, there is a large urban migration that has not kept pace with the needed social services. Therefore the number of Health care facilities in Dar es Salaam is far less than the ideal, and hence there is a lot of overcrowding in the wards of MNH. These factors would have significantly contributed to the unsatisfactory level of job satisfaction among nurses at the MNH.

With regards to the determinants of job satisfaction, this study has found out that the socio-demographic characteristics that were of statistical significance to be age, marital status, and working experience. Older Nurses, especially those in the age group 30-39 years were found to be more satisfied with their jobs compared to the younger Nurses. This finding is consistent with what has been reported by other studies (Mottaz 1998; Bohloko 1999; Neezam 2005; Al-Juhani 2006). Indeed older Nurses could also be assumed to have had acquired more experience in performing their job. With more years of work one could find the job to be more of a routine, and hence less stressful. Additionally, older age and more years of experience are likely to be related to more training opportunities, more skills and more confidence in performing the job. These older nurses are also more likely to have adapted to challenging circumstances and therefore be relatively better satisfied compared to younger ones. The fact that older Nurses are closer to their retirement could also be a factor for these nurses to be relatively more likely to be satisfied with their jobs from

the anticipation that they are about to be done with their engagements and to receive their retirement benefits.

With regards to marital status, this study has found that married nurses were more likely to be satisfied. The finding is the same as that in another study (Jamal and Baba, 1992). However, there are other studies that have found no such differences (Neezam 2005; Al-Juhani and Kishk, 2009). It is plausible that married couples are more likely to help each other not only socially or psychologically but also in economic terms. Life challenges are therefore better dealt with in such situations and hence contributing to better job satisfaction compared to the case of single nurses.

More years of working experience have been found to be associated with job satisfaction in this study. As discussed above, this is more likely an expected finding as reported by others (Benton, 1991; Oshagbemi 2003; and Shaha et al. 2001). However, there is a reported study that has found the opposite (Green, 2000). New employees may be more stressed with their work at the beginning as they are not used to the job and may perceive challenges as obstacles and find them quite frustrating. With time however, experience build up, and they may undergo on-job training and hence ultimately finding that their job is becoming easier and less stressful.

Female nurses have been found in this study to be slightly more satisfied as compared to their male counterparts, but this has not reached statistical significance. A similar finding was reported by Dervaney and Chen (2003). However, in the study

done in Al- Madinnah it was shown that female nurses were statistically significantly more satisfied (Al-Juhani and Kishke 2006). In this study, level of education was not associated with job satisfaction, and indeed majority of the nurses were diploma holders, with very few being degree holders.

In a study done by (Rubin, 2002) “salary” and “working conditions” were the only factors that were significantly associated with job satisfaction. On the other hand there was no association between policy, administration, supervision and interpersonal relationship and job satisfaction as reported by Nate and Santhat (2008). In this study a number of hygiene (extrinsic) factors under study have been found to be below the average mean for satisfaction. These included “social status”, “social service”, “moral values”, “ability utilization”, “supervision”, “organizational policy”, as well as “salary/compensation”. It can therefore be advised that these items with below average scores need to be improved so as to increase the job satisfaction of nurses. On the other hand, motivational (extrinsic) factors that had below average score included “variety”, “achievement”, “advancement”, and “recognition”. These also require special attention in order to increase job satisfaction. Indeed a study done in Saudi Arabia revealed significant association between recognition, utilization of skill, technical aspect of supervision and job advancement with job satisfaction (Al-Ahmada 2002).

Overall, it has been found in this study that mean scores of items in both intrinsic and extrinsic domains were essential for job satisfaction. The study conducted in China revealed the same that intrinsic factors were found to be as important as extrinsic

factors on nurses' job satisfaction (Trevor et al 2008) although there is another study that showed motivation factors playing a bigger role than hygiene factors in determining job satisfaction (Nate and Santha, 2008).

It has been found in this study that the average mean score for motivational factors (intrinsic) is within the "satisfied", while the average mean score of hygiene (extrinsic) factors is within the "dissatisfied". The findings therefore appear to be consistent with Herzberg's two factor theory. According to Herzberg, predictors associated with intrinsic variables do play a more important part in increasing job satisfaction. Since job satisfaction is a multi-factorial dependent concept it would be appreciated that there is dynamicity in job satisfaction that that will be dependent on places as well as the types of jobs. The dynamicity could be due to any of the following: working conditions, economy, culture and differing values among people.

CHAPTER FIVE

5.0 SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Overview

The objective of this study was to assess the job satisfaction level among health care workers, specifically nurses working at the Muhimbili National Hospital and determine whether their job satisfaction scores are different across their socio-demographic characteristics such as age, marital status, work experience and level of education. A sample of 286 nurses was conveniently drawn from the workforce of nurse at MNH and a structured questionnaire was used. Both independent two sample t-test and one way ANOVA statistical techniques were used to test the hypotheses. This chapter presents the conclusions drawn from the findings of the study as well as implications and recommendations. Strengths and Limitations of the study are presented, and finally areas for future research are proposed.

5.2 Summary of the Key Findings

The key findings emanating from this study can be summarized as follows:

- The proportion nurses who reported being satisfied with their job was 50.9%. They are more satisfied with co-workers relationship, job independence, independence of supervisor and working conditions, from the hygiene factors. They are also satisfied with job authority, job security and job responsibility from the motivation factors.
- Statistically significant differences were found in nurses job satisfaction mean scores between age and marital status categories as well as among working

experience categories. No significant differences in job satisfaction were found among gender and level of qualification categories.

- The overall mean (SD) satisfaction scores of hygiene and motivation factors were 3.05 (0.80) and 3.06 (0.92) respectively.

5.3 Implications of the Results

This study has found out that the level of job satisfaction among Nurses at the MNH was unsatisfactory. This implies that patient care is likely to be sub-optimal. Since the mean score for hygiene factors showed dissatisfaction despite the satisfaction on the aspect of motivational this implies that these workers are more to quit the jobs therefore, efforts have to be done to retain them by improving hygiene factors.

The findings of the study revealed significant different between married, elderly and experienced. This implies that something should be done on the aspect of recruitment so as to balance the employees more should be from these three groups but also the young , non experienced and without forgetting unmarried ones. On the other aspect the younger and non-experienced will need training regularly as well as support from the top management so as to improve their experience and confidence at their working places. Both intrinsic (motivation) and extrinsic (hygiene) are important in determining job satisfaction therefore efforts should be done in making sure that both are taken care so that employees are satisfied at their working places. Another implication on the finding is that it shows there is a need for policy makers to consider these determinants for job satisfaction so as to improve not only job satisfaction but also working condition and hence life conditions of the employees.

5.4 Conclusion

Based on the results from the present study, the following conclusions were forwarded:

- a) About half of the nurses at the Muhimbili National Hospital are satisfied with their job, and that the job satisfaction level is somehow derived from co-worker relationships, job independence, supervisor's independence, improved working conditions, job authority, security and responsibility.
- b) Older as well as married nurses are on average more satisfied with their nursing job than younger and single nurses. Also more experienced Nurses are more satisfied than less experienced Nurses.

5.5 Recommendations

The recommendations basing on the findings are as follows:

Recommendations for nursing management

1. In order to increase nurses job satisfaction managers can use both hygienic and motivation factors. Between the two, motivational factors appear to be more important.
2. Special attention should be given to un-married, less experienced and young nurses since most of them fall in this group and they are a work force. The chance of losing them is very high if no efforts are done. The following could be helpful:
 - Conducting regular supervision and providing immediate sound feedback.

- Preparing experience sharing sessions for younger nurses with their older counterparts
- Paying a special attention to job satisfaction predictors.
- Assigning duties to younger nurses in the company of older experienced nurses.
- Creating conducive environment for Nurses to consider married life

3. Since among all of the motivational factors, the ones that stood out as important were authority, security and responsibility, it follows that appropriate mechanisms should be developed and put in to practice by all level managers to effect the above-mentioned factors. The following could be helpful:

- Managers should provide freedom for nurses to decide on nursing matters by their own experience and judgment.
- Measures to ensure job security should be maintained place such as employment on permanent terms

5.6 Strengths and Limitations of the Study

5.6.1 Strengths

Although this was a cross-sectional study, it utilized a valid and standardized instrument (MSQ-SF). Since there is no similar study recently conducted in Tanzania, the findings thus far generated can contribute a lot as baseline information for future studies. Findings of this study may also provide important clues for decision-makers to develop organizational strategies or policies to increase nurses' job satisfaction.

5.6.2 Limitations of the study

As this study was cross sectional, causality cannot be determined from the findings. Sampled subjects are from the Muhimbili National Hospital; therefore the results may not be generalized to all nurses in the country. Additionally, the study was not supported by a qualitative type of data.

5.7 Areas for future Research

Although the research findings reported in this study make a valuable contribution to the understanding of nurse's job satisfaction, especially in relation to the effects of socio-demographic, hygienic and motivation determinants, qualitative research should also be integrated in future studies. Further extension could be made to a more inclusive sample of health care workers (ie. more than just nurses) and in other hospitals. Causality study may also add value as well as job attrition in relation to job satisfaction.

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APPENDICES

Appendix 1: Consent Form

Title of the Study: determinants of job satisfaction among health care workers (nurses) in Tanzania's public hospitals: A case of MNH.

Dear Participant,

You are being asked to enroll in a study of determinants of job satisfaction among health care workers (nurses) in Tanzania's public hospitals: A case of MNH. This informed consent form gives you information about the study, which will be discussed with you. Once you understand the study, and if you agree to enroll, you will be asked to sign this consent or make your mark in front of someone. Please note that your participation in this research is entirely voluntary.

There is no cost to you for enrolling in the study. Your research records will be confidential. You will be identified by a participant identification number, and 3 initials, and personal information from your records will not be released without your written permission. You will not be personally identified in any publication about this study. If you ever have questions about this study you should contact Dr Sabria Rashid 0713210-880. If you have read the informed consent or had it read and explained to you and understand the information, and you voluntarily agree to participate in the study, please sign your name or make your mark below.

_____	_____	_____
Volunteer's name	Volunteer's signature	Date
_____	_____	_____
Person obtaining consent	Signature	Date

Appendix 1: 2. Questionnaire (English Version)

Nurses Job Satisfaction Survey

This questionnaire has two parts: Part one is about your personal information, part two is about overall job satisfaction. Each part has its own instructions. Please read each item carefully and give your honest response to each item. If you overlook any item without giving response, it will invalidate the study. So, please check that you have given your response to all items.

Part One: Socio-demographic information

Instructions: Please circle the number of your choice.

Code	Questions/Statements/	Coding categories
101	Sex	Male-----0 Female-----1
102	Age	_____(in years)
103	What is your current marital status?	Single -----0 Married -----1 Divorced-----2 Widowed-----3
104	How many years have you practiced in this Hospital	_____(in years)
105	What is your current level of qualification?	In service training-----0 Certificate-----1 Diploma-----2 Degree-----3 Masters Degree----- 4 Other (specify)_____ 99

Part Two: Your feelings About Job Satisfaction

Instructions: There are 20 statements about job satisfaction, and each statement has five alternatives with five-point scale ranging from 1 (very dissatisfied) to 5 (very satisfied). Read each item carefully and for each question, please circle one number that best expresses your feelings.

If you feel that your job gives you more than you expected, choose “very satisfied.”

If you feel that your job gives you what you expected, choose “satisfied.”

If you can’t make up your mind whether or not the job gives you what you expected, choose “neutral “(neither satisfied nor dissatisfied)

If you feel that your job gives you less than you expected, choose “dissatisfied.”

If you feel that your job gives you much less than you expected, choose “very dissatisfied.”

Be frank and honest: Give a true picture of your feelings about your present job.

Code	On my current job, this is how I feel about...	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
208	How much are you satisfied with your job?	1	2	3	4	5
Hygiene factors						
209	The way hospital policies are put in to practice.	1	2	3	4	5
210	My pay (salary) and the amount of	1	2	3	4	5

	work I do.					
211	The chance to try my own methods of doing the job.	1	2	3	4	5
212	Working conditions such as cleanliness of the work place, healthy environmental condition, enough tools and supplies. This thing encourages me to work.	1	2	3	4	5
213	The way my coworkers get along with each other.	1	2	3	4	5
214	Being able to do things that don't go against my conscience	1	2	3	4	5
215	The chance to do things for other people	1	2	3	4	5
216	The chance to do something that makes use of my abilities.	1	2	3	4	5
217	The way hospital policies are put in to practice.	1	2	3	4	5
218	My pay (salary) and the amount of work I do.	1	2	3	4	5
219	The chance to try my own methods of doing the job.	1	2	3	4	5
220	Working conditions such as	1	2	3	4	5

	cleanliness of the work place, healthy environmental condition, enough tools and supplies. This thing encourages me to work.					
221	The way my coworkers get along with each other.	1	2	3	4	5
Motivation factors						
301	The chance to do different things from time to time.	1	2	3	4	5
302	The way my job provides for steady employment.	1	2	3	4	5
303	The chance to tell people what to do.	1	2	3	4	5
304	The praise I get for doing a good job.	1	2	3	4	5
305	The freedom to use my own judgment	1	2	3	4	5
306	The chance for advancement on this job.	1	2	3	4	5
307	The feeling of accomplishment I get from the job.	1	2	3	4	5